

691701014

ISSUE SLIP STAPLE AREA (for additional cross references)

12/6/00

POSITION	INITIALS	ID NO.	DATE
Vonda M. W. <i>Special Agent</i>			
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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